

Exploring Nurse Staffing Through Excellence: *A Data-Driven Model*

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Nurse staffing and scheduling are leading issues confronting today's nurse executives as they seek to create high-performance health-care environments. These environments are regulated, controlled, and governed by accrediting, proprietary agencies, as well as federal, state, and local governments. Nurse leaders are well positioned to meet the intensity, complexity, and emerging requirements of accrediting and regulatory bodies. They have the requisite knowledge and strategic insight to create integrated models of staffing that

cross the care continuum towards excellence. As the driver of excellence, nurse leaders recognize the value of integrated staffing models and the need to build the metrics of safety, quality, efficiency, and patient and nurse engagement. It is this notion of excellence and metrics that will add value to health-care by improving health and impacting financial outcomes among individuals, organizations, and providers. These are essential to achieve the triple aim: better care for individuals, better health for populations, and outcomes at lower per capita costs.

The US healthcare system is the most costly in the world, accounting for 17% of the gross domestic product, with estimates that percentage will grow to nearly 20% by 2020.¹ As healthcare spending approaches that mark, integrated staffing models must be developed to facilitate care coordination and inter-professional practice. The Patient Protection and Affordable Care Act (PPACA) and the Institute of Medicine's *Future of Nursing Report*² both call for nursing to be responsive to care delivery that is better coordinated and where value is placed ahead of volume. Regardless of the care setting, acute care, ambulatory, long term or community based, nurses must drive safety and quality through the articulation and demonstration of professional practice models that place the patient or user at the center of care delivery. Nurse-centered models of care are focused on the integration of physical, psychological, social, and spiritual wellbeing of the patients. When patients are fully engaged as users, nurse staffing shifts towards care strategies that promote greater self-care, personal responsibility, and accountability. This engagement fosters a partnership built on trust and care based on the actual needs of the user and provided by qualified inter-professional teams. When nurse staffing care models shift away from ratios to care models that are designed on user-centric concerns rather than provider priorities, then better efficiency and coordination is possible. This shift towards greater patient engagement is the goal of healthcare, where the outcomes for users are improved and excellence is achievable.

Excellence in nursing staffing is defined as an on-going process that occurs throughout the healthcare continuum focused on meeting the urgent and emergent needs of users and patients.³ The measurable outcomes of excellence are representative of health systems that are efficient and effective in a variety of core measures, including, but not limited to, patient and nurse satisfaction and engagement such as: the National Database of Nursing Quality Indicators database, the Patient-Centered Outcomes Research Institute, the National Quality Forum, and The Joint Commission. This drive towards measures, metrics, and models that improve quality and safety, and achieve excellence will be the hallmarks of nursing's contribution to value-based care. When nursing care is assessed and evaluated on reliable measures, excellence is linked to improved patient outcomes, reduced costs, and effective nurse staffing policies. Safe and appropriate nurse staffing must be linked to evidence, and evidence must be linked to excellence. To effectively harness evidence, nurse leaders must know how to plan for data collection and analysis and interpret outcomes of data analysis.⁴

The purpose of this article is to provide an organizing framework for a data-driven model for excellence in nurse staffing with the corresponding organizational self-assessment tool. This framework seeks to create opportunities to test and develop best practices for nurse staffing across the continuum of care through integration and innovation based on evidence. As healthcare delivery shifts from fee-for-service models of care to a value-based model, nurses will be required to assess and create staffing care delivery models based on evidence. This assessment and creation must include all the

data-driven components. These components must be defined, measured, and analyzed locally so as to achieve effective staffing outcomes through local action plans.

ORGANIZING FRAMEWORK: A DATA-DRIVEN MODEL

For nurse staffing to achieve significant and sustainable outcomes, it must be grounded in efficiency, effectiveness, and evidence. Staffing must emerge from and be aligned with healthcare information, technology, and finance. This framework creates the infrastructure where a data-driven model for excellence in staffing³ (*Figure 1*) drives the environment of care of governance, safety, and structure, as well as the processes of innovation, quality, and continuous improvement, and evidence and research. The data-driven model for excellence in staffing ensures that fluidity and responsiveness to the needs of users of healthcare systems are met by optimizing the quality of the health providers through education, professional development, leadership, certification, and credentialing. It also ensures that resources are invested and protected to provide the best possible care outcomes for users, their families, employees, and communities.

GUIDING PRINCIPLES

Traditional staffing models treat nurses as numbers and commodities. Regardless of the setting, nurses must integrate multiple principles to guide their professional nursing practice. The goal is to create new staffing and care models that reflect core nursing values and move us away from the status of a commodity. To completely inform the data-driven model, there are several guiding principles that enhance the understanding of the framework's 5 core concepts: user-centered care, valued-based activities, and nurse as care coordinator.

These guiding principles are embedded in the assessment and are defined as:

- User-centered care

The user (patient) is defined as the person actively engaged in his or her healthcare,⁵ which encourages autonomy for self-care. In order to meet value-based needs, the user must be involved in their healthcare services, and nursing services must be user centered; the user is the driver of services, not the provider. User of healthcare is composed of the care needs, cultural beliefs, family support, and education.³

- Valued-based activities

As healthcare reform moves away from our traditional volume-based system, it is replaced with value-based care. Value-based care is the payment methodology that rewards quality of services through payment incentives and transparency, thus, allowing clinicians the time through care delivery models and staffing to effectively complete value-based activities including assessing, teaching, and evaluating user knowledge and ability.³

- The nurse is the care coordinator

Through increased transdisciplinary team work, the registered nurse (RN) often may struggle to understand their role in the overall team. The RN's, particularly the bachelor of

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